

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594324

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		2		1		
11		2		1		
12		0		1		
13		1		1		
14		3		1		
15		0		1		
16		0		1		
17		0		1		
18		1		1		
19		3		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		2		1		
25		2		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		2		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		2		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		2		1		
42		1		1		
43		2		1		
44		2		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		2		1		
50		2		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
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96						
97						
98						
99						
100						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	68	←	53	←		←
TOTAL CLAIMS	69		54			